

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09783096</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">02-21-01</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
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48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	19						TOTAL DEP.						
TOTAL CLAIMS	23						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV 3-78)

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